

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007367

STATE FILE NUMBER

2 1156

FILED FEB 17 1959

Registration District No.

Primary Registration District No.

Registrar

|  |                                  |   |   |   |   |   |                  |
|--|----------------------------------|---|---|---|---|---|------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY |   |   |                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST LOUIS</u>   |                                  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <u>ST. LOUIS</u>  |                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>ENROUTE CITY HOSPITAL</u>  |                                  | Length of stay in lb  |   | d. STREET ADDRESS (If outside, give location)<br><u>2912 So. 13th ST</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>JAMES</u> Middle <u>P</u> Last <u>LEWIS</u>   |                                  |   |   | 4. DATE OF DEATH<br>Month <u>JAN</u> Day <u>30</u> Year <u>1959</u>   |   |   |                  |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>JUNE 17 1904</u> | 9. AGE (In years last birthday)<br><u>54</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |   | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>WELDER</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>MISSOURI</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U-S-A</u>  |                  |
| 13a. FATHER'S NAME<br><u>GEORGE LEWIS</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>ANNA SARGENT</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>MARY LEWIS</u>  |   |   |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.<br><u>498-10-6407</u>   |   | 17. INFORMANT<br><u>MARY LEWIS</u> Address <u>2912 So. 13th ST</u>  |   |   |                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u><br>DUE TO (c) <u>2 YRS</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u> |                                  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 HR</u>                                       |                  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |   |   |   |                  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>  |   |   |   |   |                  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY  |   | STATE   |                  |
| 21. I attended the deceased from <u>3-1-59</u> to <u>1-30-59</u> and last saw him alive on <u>1-26-59</u><br>Death occurred at <u>6:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |   |                  |
| 22a. SIGNATURE<br><u>O. Jones</u> (Degree or title) <u>M.D.</u>  |                                  |   |   | 22b. ADDRESS<br><u>3616 S. BROADWAY, ST. LOUIS</u>  |   | 22c. DATE SIGNED<br><u>1-31-59</u>  |                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>  |                                  | 23b. DATE<br><u>FEB 3 1959</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>FAIRVIEW CEM.</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>GRUBBVILLE MO</u>                 |                  |
| 24. FUNERAL DIRECTOR<br><u>Thomas Kuttis</u>   |                                  | ADDRESS<br><u>2906 Gravois</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 2 '59</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>                                  |                  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health,  
Welfare  
Public  
Service

300  
-57  
80  
4

All entries in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Evans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.